

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 573962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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46	1					
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49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS		██████		██████		██████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	15		↓		↓	↓
TOTAL DEP.	75	←		←	←	←
TOTAL CLAIMS	84	██████		██████		██████